

WAYAMBA UNIVERSITY OF SRI LANKA

FORM OF APPLICATION

1. Name in Full	:		
Name with initials (Rev./Mr./Ms./Dr./l			
2. i. Sex :	Male	Female	
ii. Civil Status:	Single	Married	
3. Postal Address:		Permanent A	ddress:
Telephone No.		Telephone No).
4. Date of Birth		Age at Closin	g Date
Year Month	Date	Years Mon	ths Days
5. Citizenship : By D	Pescent	By Registration	on
		By Registration	on
6. National Identity	Card No :	By Registration	on
6. National Identity	Card No : s Attended:	By Registration	To
6. National Identity7. Education School	Card No : s Attended:		
6. National Identity7. Education School	Card No : s Attended:		

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Name of the University	Duration	Course followed with	Results	

8. University Education: First Degree/PG Degree (attach copy of certificates)

Name of the University	Duration		Course followed with	Results
	From	То	Subjects	(give class or grade
			(Special/General)	with effective date)

9. Other Diplomas, Memberships, Fellowships etc. (attach copy of certificates)

Institute	Diploma etc.	Year

10. Professional Qualifications: (attach copy of certificates)

Institute	From	То	Examination passed or Degree
			obtained etc.

11. Language Proficiency (Please tic \checkmark)

Language		Abilit	y to Work	(Abilit	y to Teach	ı
	Very	Good	Fair	No	Very	Good	Fair	No
	Good			Knowledge	Good			Knowledge
Sinhala								
Tamil								
English								

12. (i) Professional/Special Qualifications and Experience:
(ii) Research & Publications :
10 () Procest Occupation
13. (a) Present Occupation i. Post:
ii. Date of appointment to such post :
iii. Whether confirmed in the present post :
iv. Place of work with the Address :
v. Salary Scale of the Post:
vi. Present Salary a. Basic Salary :
b. Allowances :

(b) Previous	Emp1	loyment	Record	s:
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Post Held	Institute	Period o	of	Last Monthly	Reson for
		Service		Salary	Cessation of
		From	То	received	Employment

14.	Any Further relevant particulars:
	(not included above)

15. Two non related referees:

Name	Designation	Address

Note :- One of the referees should be the Head of the Institution in which the candidate works.

Date :		
		Signature of Applicant
For Public Se	rvice/ Corporation/ Statu	tory Board Candidates Only
Application for	the post of	
Submitted by		
is recommend	ed and forwarded hereby. I	If he/ she is selected for the said post he/ she can be,
	·	If he/ she is selected for the said post he/ she can be
	·	If he/ she is selected for the said post he/ she can be
	·	If he/ she is selected for the said post he/ she can be
cannot be relea	·	
	·	
	·	
	sed.	Signature of the Head of the Departme
cannot be relea	sed.	Signature of the Head of the Departme (Official Seal)

16. I hereby certify that the particulars submitted by me in this application are true and

inaccuracy is detected after appointment.

accurate. I am aware that if any of particulars are found to be false of inaccurate, I am liable

to disqualified before selection and to be dismissed without any compensation, if the